equality, granting special privileges to a special school, in other words, class legislation quite as much as the alleged special rights and privileges granted to the medical societies? If the contention of Dr. Hodghead is sound, then the Governor should have the absolute power of appointment, or should appoint from all schools equally.

At Sacramento the opponents of the present law sought to give the power of appointment to the State Executive. The Legislature refused to do so. The courts are now asked to oust the Board so that the appointment will fall to the Governor by operation of law. The contention now is that the Board must be appointed by the Governor, that the power delegated to the medical societies is unconstitutional. It has often been claimed, notably by Jefferson, that appointment to office ought to be exclusively an executive function, but very seldom that it must be such. Our state constitution does not make it such. It divides it between the executive and the legislative, assigning to the legislative the right to exercise it itself, or to delegate the power as it may see fit. The power of the Legislature is within its sphere unlimited in this respect. Heretofore the objections have gone rather to the nature of the power, its liability to abuse, rather than to the right itself. Mr. Nougues said in the Bulger case *(45 Cal. 553)*, that such power could only be exercised by the Executive or by the Legislature. Otherwise "the Legislature, if it so pleased, might grant the power of appointment to an insane person, or to an idiot, or to a person convicted of an infamous crime." But all power is liable to be abused. The Legislature realizes this in many of our States when it places restrictions upon the power of appointment conferred upon the Governor. Dr. Hodghead and his friends have said that the present Board of Examiners was composed of invertebrates and rascals. Would they give any Governor the power to appoint these same rascals and invertebrates, or others still worse, to succeed themselves? The Legislature thought the power of appointment could safely be lodged in the principal organs of the medical profession, as they had enjoyed it for twenty-five years; that government of the profession and by the profession was the proper principle. Under the Constitution it might have elected the Board itself, or delegated the power of appointment to any particular individual, corporation or association. It might have, had it pleased to do so, delegated the power to Dr. Hodghead, or to the Trustees of the College of Physicians and Surgeons, or to the faculty of a defunct medical college, some of whose members were recently arrested for practicing without a license. It might have asked eclectics to elect regulars, and regulars to appoint homeopaths, without fear of the unconstitutionality of the measure. Or it might, in view of the past quarrels of rival schools and of the bickerings of a single school, have called upon laymen to do the appointing, or have given the appointing power, as in some States, to the Governor or to the State medical societies, but expressly prohibiting, for good or bad reasons, the appointment of any member of a medical faculty. A general survey of medical statutes and legal decisions sustaining them warrants the assertion, however improbable or dogmatic it may seem, that the power of appointment of boards of examiners is always, even when exercised by governors, not derived from constitutions, but from legislatures; that the Legislature may have any board of medical examiners it pleases, and may likewise lodge the power of appointment where and as it pleases. In some States the boards are exclusively regular and elected by a single state medical society. In others they are mixed. In many States the boards are appointed by the Governor, but from lists submitted to him by certain state medical societies. In some States a board of health exercises the power of appointment; in others, a state university, alone, or in conjunction with a medical society; but nevertheless, always, and in all cases, the power of appointment comes from the Legislature. And as the Legislature may at any time withdraw the power, it is hardly proper to speak of special right, franchise or privilege. It is not a question of right, but of power exercised for a public purpose—of power delegated by the Legislature under the Constitution, at its will, and revocable at its pleasure.

THE CURE OF CROSS EYES.*

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THIS subject is very little understood by the laity, and I believe rather imperfectly so by the general practitioners, for whom this paper is prepared in order that the latter may properly instruct the former concerning the prognosis and treatment of strabismus.

I appeal to the physicians of families wherein are patients, young or old, afflicted with heterotropia for the dissemination of correct knowledge upon this subject. The family physician has the opportunity, and on him devolves the duty of doing the kind of missionary work which will result in greatly diminishing the number of these unsightly cases.

The parents of every child afflicted with cross-eyes feel keenly such disfigurement of their offspring, and older patients with squinting eyes realize the disadvantage from both cosmetic and business standpoints that this condition is to them; but as so many thus afflicted go through life without pursuing a cure, it must be that the treatment has been found either unpromising, or is considered formidable. If the treatment

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is thought unpromising, it must be that the cases coming within general notice have been not infrequently unsuccessful. If the treatment is considered sufficiently serious to deter one from seeking a cure, there is a mistaken idea of what the treatment of strabismus consists.

The term "cross eyes" is herein applied to all cases in which the eyes deviate from parallelism whether convergent or divergent, excluding paralytic cases.

When strabismic eyes are made to remain under all ordinary circumstances in such relative position that no deviation from a normal appearance is detected, they are pronounced cured. But a cure may mean much more than this: it often is the restoration of useful sight to a very defective eye, and in many cases it also is the development of binocular vision.

The ordinary observer will notice only the deviation of the eyes; the patient knows of the deviation and may be aware of the defective vision; the oculist sees the deviation, detects the defective sight and in addition discovers the absence of binocular vision and appreciates the necessity for its restoration.

The proper treatment of non-paralytic strabismus is not uncertain in its results, and does not endanger the sight or normal appearance of the eyes. Ultimately we can expect good results, provided both physician and patient perform their relative and entire duty; and I would emphasize that practically all cases of cross eyes can be cured.

The correct time to begin the treatment of heterotropia is just as soon as the condition is discovered, no matter how young or how old the patient may be.

After the oculist has made a thorough examination of the case, it is his duty to explain in a general way the course of treatment that may be necessary for a final cure, and it is the duty of the patient to submit himself without let or hindrance to the course as determined upon from time to time by his ophthalmic surgeon.

The permanent cure of cases of squint require care, thought, good judgment, skill and time on the part of the oculist.

Some patients request that their crosseyed children be cured by the use of glasses only, as operations upon the eye are feared; others express a willingness to have the treatment by operation, provided the child does not have to wear glasses afterwards. Contrary to such ideas, we do not have a choice of treatment for the relief of this condition. It is true that not a few of our young patients may be cured completely by the wearing of glasses only; sometimes the eyes are brought into parallelism almost instantly by correcting lenses, then again after a simple tenotomy the deviation may disappear; but in the majority of cases the experience is more strenuous for both patient and doctor.

The treatment of strabismus may be classed as optical, medical, surgical and hygienic.

In a large percentage of squint cases, the refraction of one or both eyes is very imperfect and must be kept most carefully corrected by lenses. The patient should know that he is required to wear glasses, not because he is cross-eyed, but because his eyes do not focus properly; his hypermetropia, or myopia, or astigmatism must be absolutely corrected before further treatment is in order. If the patient has no refractive error, there will be no reason for his wearing glasses, no matter how greatly the eyes may cross.

Often the sight of one eye, at least, is quite defective, and the vision both monocular and binocular must by various means at our command be made as nearly perfect as possible, though this may take months of hard work on the part of the patient at his home in addition to the efforts made in the oculist's office.

The treatment should be mapped out systematically, planned conscientiously and applied thoroughly, for incomplete and unsuccessful treatment of cross eyes is an eloquent and lasting reproach to our profession and deters many from seeking our aid. I know of a prosperous family of five members, four of whom are cross-eyed, but none of them will now submit to treatment, because one was operated upon unsuccessfully. All of you perhaps know of many similar experiences.

Now another point; we are frequently told that such and such persons were very crosseyed when children, but eventually out-grew it, that the eyes became straight without any treatment. I have had the opportunity of examining some of these cases, and not unusually the eyes were still crossed, and possibly one eye hopelessly amblyopic, or there was good reason for doubting the diagnosis of out-grown squint. It may be possible for recently developed squint to disappear spontaneously, but we should in no case defer treatment in the hope of an unassisted cure. I should like to ask if any member of this society has seen a true case of strabismus disappear spontaneously and permanently?

When a case of cross eyes has received complete non-surgical treatment and remains uncured, then should the operative procedures be commenced.

The surgical treatment of strabismus can only be referred to here briefly and in general terms, as the choice of operative procedures and the technique of ocular muscle operating are of interest to the ophthalmic surgeon only.

The patient or responsible person in the case should be instructed in the beginning of the sur-

gical treatment, that not one or any certain number of operations is to effect a cure; it may take one, two, three, four or more operations to give permanent good results.

Tenotomy as compared with any form of the shortening operation is much simpler for the surgeon and less trying to the patient, but very many of the indifferent and unfortunate results in the treatment of squint have been due to the attempted correction by tenotomies alone. The advancement operation requires careful technique, but the occulist who does it the most skilfully will surely show the best results in the treatment of cross eyes.

It goes without saying that every case of squint has its individual indications for the kind of surgical treatment required, and the operator must proceed accordingly.

The general condition of the patient must receive due attention, and in some cases this is a very important matter; but it will not do to ignore the eye condition in the expectation that the squint will disappear with the improvement of the general health.

It is also necessary to instruct the patient how he may use his eyes while under observation.

A brief synopsis of a few cases of strabismus as taken from my record book, will be given to illustrate some phases of the treatment required to secure good results.

Case 1: Male, age four years. For a month parents have noticed that right eye has turned in, it is sometimes more crossed than at others, they say. Six days after beginning the use of atropine the eyes became straight and have remained so since. By skiascopy it was found necessary to prescribe glasses to correct his refractive error of compound hypermetropic astigmatism. Owing to the prejudice and influence of his grandparents the patient has gone a great deal without his glasses but his eyes were normal in appearance at last report. This case illustrates how the use of atropine to suspend accommodation may alone be sufficient to overcome an early squint.

Case 2: Male, age eighteen months. Five months ago it was noticed that first one eye and then the other was crossed following an illness. After using atropin skiascopy showed hypermetropia, but no astigmatism, he was given ..4. sphericals to wear constantly, which he kept on with evident satisfaction to himself, and after four months no squint could be detected; however, if he left off his glasses the squint returned. It was noted in this case that his mother and aunt and a cousin were also crosseyed. This case demonstrates that even a baby can and will wear glasses quite as well as any grown person. This child was only eighteen months of age but would not allow his glasses taken away from him without a protest.

Case 3: Female, age seven years. Mother had noticed that left eye turned in "always" and that the child used the right eye exclusively. The Co-Hypermetropic Astigmatism was found to be greater in the left than the right eye, the vision of the right was perfect, in the left the sight was somewhat defective. Glasses worn for a year had no appreciable effect on the converging left eye. Under chloroform the tendon of the internal rectus was divided freely and a control suture used. The correction of the deformity has remained perfect for some years.

Case 4: Male, aged sixteen years. Has been cross-eyed as long as he can remember. The right eye more often converges than the left, has worn glasses for several years without effect on the squint. He sees double when he looks closely but the false image is very hazy. It is noticed that the eye turns decidedly up as well as in. Tenotomy of internal rectus and also superior rectus of right eye brought eyes on horizontal but there remains some convergence under cover. Then tenotomy of internal rectus of left eye with control suture brought eyes into perfect position as shown by the phorometer. Only tenotomies were done in this case because the hemorrhage was so very profuse always after the first cut of the scissors.

Case 5: Female, age fifteen years. Patient says that left eye turned in when she was one year old; when six years of age a tenotomy of internal rectus of left eye was done by a well-known specialist and from that time, she says, the eye has turned outward very markedly and to her great humiliation. The vision of the offending eye was almost *nil* when I first saw the patient, she says the sight has gradually grown worse from time to time. Tenotomy of external rectus and advancement of internal rectus of left eye gave a perfect cosmetic result, which has remained so for over two years under the strain of college work.

Case 6: Female, age thirty-eight years. Left eye has diverged many years, she says, but she seeks treatment only because of severe pains in eyes, particularly after near use. She was given prisms 3° each base in by an optician, not benefited by them, of course. Vision of right eye perfect, of left slightly below normal. After weeks of persistent efforts with stereoscope and amblyscope, etc. binocular vision was perfectly developed, but relief from her symptoms and parallelism of the eyes were attained only after four operations on the muscles of both eyes. This case illustrates what may be accomplished after patients have reached mature years.

Case 7: Female, age thirteen years. When patient was a year old she got a bad fall, since which time her eyes have been frightfully crossed, her mother says, and when she gets excited the pupil of one eye, usually the right, almost disappears from the extreme convergence. The vision of both eyes was perfect and no error of refraction. The rotation of the eyes were normal in all directions except inward, which was excessive. Tenotomy of both internal recti had but little effect; in addition advancement and shortening of both external recti did not fully correct the convengence. Later a very free tenotomy of internal rectus of right eye was repeated, using a control suture. The correction was perfect and has remained so for three years, patient attending school constantly and wears no glasses. Her eyes are perfectly normal in every way. It is to be noted here that had the patient stopped short of the fifth operation her cross eyes would not have been cured.

Suppression of Sensational News—It would no doubt be very much to the public benefit if details of such crimes or misfortunes (suicides, etc.) often drawn out to wholly unnecessary length in our daily papers, could be completely suppressed. How far this is compatible with our ideas of freedom of the press and liberty of public expression is open to doubt, but there can be no question that a very great incentive to the unfortunate occurrences which form so conspicuous a part of certain of our daily papers would be removed could a general suppression of all such news be enforced.—*Boston Medical and Surgical Journal.*